

K12B3A

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031745

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 5 1963

77

3016

341

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Russellville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) St Marys Hospital		d. STREET ADDRESS (If outside, give location) Russellville, Mo.	
3. NAME OF DECEASED (Type or print) HERMAN MORTON		4. DATE OF DEATH AUGUST 24, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Maintenance St Peters Cathedral	10b. KIND OF BUSINESS OR INDUSTRY Cathedral	11. BIRTHPLACE (City and state or country) Mexico, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Felix Elinzondo	13b. MOTHER'S MAIDEN NAME Juanita Montoya	14. NAME OF HUSBAND OR WIFE Bernadine Rehagen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Bernadine Morton		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage DUE TO (b) Laceration of Brain DUE TO (c) [redacted]	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from step ladder onto concrete	
20c. TIME OF INJURY 2:00 p.m. Aug 23, 1963		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Peter's property	
20e. CITY, TOWN, OR LOCATION Jefferson City		20f. COUNTY Cole	
20g. STATE Mo.		21. I attended the deceased from 8-23-63 to 8-24-63 and last saw him alive on 8-23-63 Death occurred at 3 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A. B. Klebla M.D.		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 8-29-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/26/63		23c. NAME OF CEMETERY OR CREMATORY Resurrection	
23d. LOCATION (City, town, or county) Jefferson City, Mo.		24. FUNERAL DIRECTOR Augustine Dule	
25. DATE RECD. BY LOCAL REG. J C MO. 28 Sept 1963		26. REGISTRAR'S SIGNATURE Thomas E. Richter	

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 - 1963

PJ 20
PJ 20

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sylvester Dulle

Licensed Embalmer No. 4381
P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.